Department of Labor and Industries Employment Standards Program Farm Labor Contracting Section PO Box 44511

Olympia WA 98504-4511 Phone (360) 902-5315 Fax (360) 902-5300 www.lni.wa.gov/scs



## DEPARTMENT OF REVENUE TAX COMPLIANCE CERTIFICATION

## for Registered Farm Labor Contractors

Business Name:	Employer Identification Number (EIN):
DBA (Doing Business As), if applicable:	Type of Business: [Mark one box and list Social Security Number or Tax ID Number]
Address: [List Street/PO Box, City, Zip Code]	
	Sole Proprietor
	Partnership $\Box$
	Corporation $\Box$
	Other (Specify)
Master Business License Unified Business Identifier Number	
(UBI):	
	Daytime Telephone Number:
Contact Name and Title:	( )
Name	Fax Number:
Title	
U. S. DEPARTMENT OF LABOR (USDOL) information [Mark one box and enter information, if applicable]	
Are you required to have a <b>federal</b> Farm Labor Contractor License	? No 🔲 Yes 🖫
If "Yes", what is the number?:	Expiration Date:
,	1
For Official Use Only	
Do Not Write Below This Line	
[This section to be completed in full by DOR staff only.]	
DEPARTMENT OF REVENUE (DOR) CERTIFICA	ATION [Mark one box and enter information, if applicable]
☐ In Compliance Taxes current through:	
month	day year
☐ Not In Compliance	
Not In Compliance Signature of DOR Certifying Official:	Date:
Signature of DOR Certifying Official:	Date:
•	Date:
Signature of DOR Certifying Official:  Title:	
Signature of DOR Certifying Official:  Title:  Forms may be certified by contacting the DEPARTMENT O	F REVENUE by mail or in person at the following addresses,
Signature of DOR Certifying Official:  Title:  Forms may be certified by contacting the DEPARTMENT O or it may be sent to their fax number listed below. If faxed	F REVENUE by mail or in person at the following addresses, attached a written request asking that the certified form be
Signature of DOR Certifying Official:  Title:  Forms may be certified by contacting the DEPARTMENT Of or it may be sent to their fax number listed below. If faxed returned by fax to you at the number you provide.	F REVENUE by mail or in person at the following addresses, attached a written request asking that the certified form be Upon certification by DOR, return this form to the
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